Leon County Board of County Commissioners
Request for Reasonable Accommodation Form

Help On this Form

Initial requests for Reasonable Accommodations shall be submitted to the supervisor and the ADA Coordinator in the Human Resources Division. All medical information is maintained separately from all personnel records and shall be kept confidential.

PART I – REQUESTOR'S INFORMATION.

Section 1 – Employee/Applicant Information (To be completed by requestor and returned to supervisor or Board's designated responsible person for reasonable accommodations):

Date:_____ Check one: ☐ Employee ☐ Applicant

Name:_____ Department/Division:_____

Job Title:_____ Work Site Location: _____

_____

Work Telephone #:_____ Home Telephone #:_____

Supervisor's Name:_____

Section 2 – Accommodation Request:

I am Requesting accommodation(s) for the following reason(s) – check relevant box(es):

☐ To complete the employment application process.
☐ To perform essential job function(s).
☐ To have equivalent benefits and privileges of non-disabled employees.
☐ To obtain evacuation assistance in a time of emergency.
☐ Other (provide explanation): _____

_____

_____

How does your disability restrict your ability to accomplish the essential functions of your job responsibilities?

_____

What type of accommodation(s) do you believe would be effective? _____

_____

PART II – APPROVAL(S).

Section 1 – Supervisor Approval (To be completed by the ADA Coordinator).

I have received your request for an accommodation. [ ] Approved [ ] Need more Review.

Comments: _____

_____

Supervisor's Signature: _____ Date:_____

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Section 2 – Notification of need for additional information (To be completed by the supervisor or Human Resources):

We are continuing to assess your request. To make a County determination, we need the following information:

[ ] Medical documentation.

Please inform your doctor of your application for an accommodation and have your doctor send us medical documentation, indicating the limitations placed on your life functions and activities. Information should be returned by the following date _____ to your supervisor or the ADA Coordinator, Human Resources Division, 301 South Monroe Street, Tallahassee, Florida 32301.

[ ] Other

_____

_____

_____

[ ] We require no additional information from you.

Section 3 – Accommodation(s) Granted (Description of Accommodation):

_____

_____

_____

_____

Requestor's Acknowledgment:_____ Date:_____

Requestor's Comments:_____

_____

_____

The County review process includes an evaluation of all relevant information. This may include an interview with you and/or your supervisor. After completion of the review, you will receive a final copy of this form from Human Resources regarding the County's decision. We anticipate that the decision will be made by _____. If you have any questions, please call me at 850-487-2220, Ext. 113.

ADA Coordinator's Signature: _____ Date:_____